



## 1. Personal Information

**Photo**  
(taken within 3  
months)

**Please write your  
name on the  
back of your**

<b>Full Name (Exactly the same as your passport)</b>					
<b>First name</b>		<b>Family Name</b>		<b>Middle Name</b>	
Day/Month/Year				<b>Age</b> (as of the day of the flight to Japan)	
				<b>Sex</b>	<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian ( <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others (                      )					
<b>Number</b>			<b>Type of Passport</b>		
			<input type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official		
<b>Date of Issue</b>			<b>Expiration Date</b>		
(Day)          (Month)          (Year)			(Day)          (Month)          (Year)		
<b>Facebook</b>	<b>Twitter</b>		<b>Instagram</b>		<b>others</b>
※MOFA and JICE might use your postings related to Juntos!! through above mentioned SM in our reports and website, that will possibly be open to the public.					
<b>Address :</b>					
<b>Tel :</b>			<b>Fax :</b>		
<b>Mobile :</b>			<b>E-mail :</b>		
<b>Full Name :</b>					<b>Relationship :</b>
<b>Address :</b>					
<b>Tel :</b>			<b>Fax :</b>		
<b>Mobile :</b>			<b>E-mail :</b>		
<b>Profession/Occupation :</b>					
<b>Name :</b>		<b>Phone Number :</b>		<b>E-mail :</b>	

## 2. Health Condition

\* Please fill in the form in BLOCK LETTERS in English.

Blood Type (optional)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't-know	
Health Condition (optional)	Please declare any health or physical conditions that may affect your participation in any way. This is for the purpose of creating a program that will best accommodate you and will remain strictly confidential.	
Medicine *required due to strict customs laws	<input type="checkbox"/> Not taking any medicine <input type="checkbox"/> Taking medicine regularly (Specify: _____ )	
Food Allergies (only for physical reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> nuts <input type="checkbox"/> others ( _____ )	
Details of Food Allergy (symptoms, severity, treatment method)		
Food Restriction (for religion or custom reason)	<input type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> nuts <input type="checkbox"/> others ( _____ ) <small>*Please note that the meals provided in the program cannot meet all the requests from the participants.</small>	
Other Allergies and Restriction	<input type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others ( _____ )	
Smoking Habit	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>※Smoking is prohibited by Japanese Law if you are under the age of 20.          ※JICE makes use of this information only for the homestay arrangement.</small>	

## 3. Academic Details

\* Please fill in the form in BLOCK LETTERS in English.

Information of your Organization  ※Write your Organization if you are not student	Name of School		Location: (city, province)	
	Field of study			
	Grade/school year (as of the day of the flight to Japan)			
	Tel :		Fax :	
Language	Level of Japanese			
	Speaking :	High	Middle	Low
	Writing :	High	Middle	Low
	Reading :	High	Middle	Low
	Other Languages			

#### 4. Personal Activities

\* Please fill in the form in BLOCK LETTERS in English.

	Activities	Period of Involvement
Sports/Clubs		
Hobbies		
Academic Awards (if any)		

#### 5. Expectations

<p>Please describe your expectation by participating in this program.</p>	
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#### 6. Other Information

\* Please fill in the form in BLOCK LETTERS in English.

Have you ever been to Japan before?	Yes		No
If Yes, your visit is financed by	Yourself	Japanese government, JICA, Japan Foundation, JOCA	Others ( )
If Yes, when, what was the purpose of the visit and where did you visit?			

##### Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day/Month/Year)

##### Agreement of the Application Guidelines for Juntos!! Japan-Latin America and the Caribbean Exchange Program.

I hereby agree to all the qualifications written in the Application Guidelines for Juntos!! Japan-Latin America and the Caribbean Exchange Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day/Month/Year)

# Entry Form for JENESYS2015

## ( Japan )

### 1. Personal Information

\* Please fill in the form in BLOCK LETTERS

Photo (taken within 3 months) Please write your name on the back of your photo.	<b>Name</b> Full Name (Exactly the same as your passport) English <i>TARO YAMADA</i>	
	<b>Given name (English)</b> <i>TARO</i>	<b>Family Name (English)</b> <i>YAMADA</i>
	<b>Middle Name (if any)(English)</b> <i>DAI D</i>	
	<b>Full Name (in Mother language)</b> <i>山田太郎</i>	
<b>Date of Birth</b> Day/Month/Year <i>25/12/1989</i>		<b>Age</b> (as of the day of the flight to Japan) <i>18</i>
<b>Nationality</b> <i>Japanese</i>		<b>Sex</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F
<b>Religion</b> <input checked="" type="checkbox"/> Buddhist <input type="checkbox"/> Christian ( <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ( )		
<b>Mother Tongue</b> <i>Japanese</i>		<b>Marital Status</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married
<b>Passport**</b>	<b>Number</b> <i>TGI23456</i>	
	<b>Type of Passport</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official	
	<b>Date of Issue</b> (Day) <i>3</i> (Month) <i>3</i> (Year) <i>2010</i>	
	<b>Date of Expiry</b> (Day) <i>3</i> (Month) <i>3</i> (Year) <i>2010</i>	
<b>SNS User Name</b> *on a voluntary basis	<b>Facebook</b> <i>yamada taichi</i>	<b>Twitter</b> <i>taichi-yamada</i>
	<b>Instagram</b> others	
※MOFA and JICE might use your postings related to JENESYS through above mentioned SNS in our reports and website, that will possibly be open to the public.		
<b>Current Address</b> <i>kita shinjyuku 1-2-4, Tokyo, Japan 123-0045</i> Tel : <i>03-999-9999</i> Fax : <i>03-456-9999</i> Mobile : <i>030-456-9999</i> E-mail : <i>taro@yamada.co.jp</i>		
<b>Contact Person in Emergency</b> *It shall be your parent. *If you live with him/her, please leave address blank.	<b>Full Name :</b> <i>TAI CHI YAMADA</i>	
	<b>Relationship :</b> <i>father</i>	
	<b>Address :</b> <i>minami shinjyuku 5-6-7, Tokyo, Japan 123-0099</i>	
	Tel : <i>03-456-7890</i> Fax : <i>03-456-7890</i> Mobile : <i>03-456-7890</i> E-mail : <i>tai chi@yamada.co.jp</i>	
	<b>Profession/Occupation:</b> <i>Si nger</i>	

<b>If you do not have phone at your current address, please write contact person and number</b>	<b>Name :</b>	<b>Phone Number :</b>	<b>E-mail :</b>
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**\*\*Passport:** If you have a valid passport, please fill in the passport section. If you don't have a passport, please leave the section blank.

## 2. Health Condition

<b>Blood Type</b>	<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> don't-know
<b>Health Condition</b>	<input checked="" type="checkbox"/> Good ( : <input type="checkbox"/> fully recovered / <input type="checkbox"/> under treatment) <input type="checkbox"/> Having Chronic disease: <input type="checkbox"/> chronic lung disease (asthma, chronic obstructive lung disease etc.) <input type="checkbox"/> immunodeficiency state (T cell immunodeficiency etc.) <input type="checkbox"/> chronic heart disease (congenital heart disease, coronary artery disease etc.) <input type="checkbox"/> metabolic disease (diabetes) <input type="checkbox"/> renal dysfunction <input type="checkbox"/> obesity <input type="checkbox"/> myasthenia gravis <input type="checkbox"/> others ( )
<b>Medicine</b>	<input checked="" type="checkbox"/> Not taking any medicines <input type="checkbox"/> Taking medicines regularly (Specified )
<b>Pregnancy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Food Allergies (only for physical reason)</b>	<input checked="" type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ( )
<b>Food Restriction (for religion or custom reason)</b>	<input type="checkbox"/> none <input checked="" type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> others ( ) <small>*Please be noted that the meals provided in the programme cannot meet all the requests from the participants.</small>
<b>Other Allergies and Restriction</b>	<input type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input checked="" type="checkbox"/> house dust <input type="checkbox"/> others ( )
<b>Smoking Habit</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>※Smoking is prohibited by Japanese Law in case you are under the age of 20.          ※JICE make use of this information only for the homestay arrangement.</small>

## 3. Academic Details

<b>Information of your School/Organization</b>	<b>Name of School or Organization</b> <i>Shi nj uku hi gh school</i>		<b>Location (city,province)</b> <i>Tokyo</i>	
	<b>Field of study(for university student only)</b>			
	<b>Grade/school year (for student)</b> as of the day of the flight to Japan <i>3rd</i>		<b>Tel:</b> <i>03-567-1111</i>	
	<b>Title (for supervisor only)</b>		<b>Fax:</b> <i>03-567-1112</i>	
<b>Language</b>	<b>English Proficiency</b> certificated score (if any, e.g. TOEFL)		<i>TOEFL 250</i>	
	<b>Level of English</b>		<b>Level of Japanese</b>	
	Speaking : <input checked="" type="checkbox"/> Good Fair Poor		Speaking : Good Fair <input checked="" type="checkbox"/> Poor	
	Writing : Good <input checked="" type="checkbox"/> Fair Poor		Writing : Good Fair <input checked="" type="checkbox"/> Poor	

	Reading : <input checked="" type="checkbox"/> Good    Fair    Poor			Reading :    Good    Fair <input checked="" type="checkbox"/> Poor	
	Other Language			Japanese learning experience	Year or Month

#### 4. Personal Activities

	Activities	Period of Involvement
Sports/Clubs	<i>ski</i>	<i>2 years</i>
Hobbies	<i>drawing the cartoon</i>	<i>5 months</i>
Academic Awards (if any)	<i>first prize in English contest</i>	

#### 5. Expectations

<p>Please describe your expectation by participating in this programme.</p>	
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#### 6. Other Information

Applicants who have participated in the programme organized by the Japanese Government before are not allowed to take part again.

Have you ever been to Japan before?	Yes		<input checked="" type="checkbox"/> No
If Yes, your visit is financed by	Yourself Japanese government, JICA, Japan Foundation, IOCA	Others ( )	
If Yes, when, what was the purpose of the visit and where did you visit?			



**Declaration**

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.


Signature:  Date: 24 / 10 / 2012 (Day/Month/Year)

**Agreement of the Application Guidelines for JENESYS2015**

I hereby agree to the qualifications of health conditions and the use of my personal information for the purpose of the operation of JENESYS2.0 in accordance with the Application Guidelines for JENESYS2015.

Signature:  Date: 24 / 10 / 2012 (Day/Month/Year)

Parent/guardian (if applicant is under 18 years of age) :

Signature:  Date: 24 / 10 / 2012 (Day/Month/Year)